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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/748,085
		Filing Date	December 20, 2000
		First Named Inventor	David Arthur Eatough
		Art Unit	2661
		Examiner Name	Anthony Ton
Total Number of Pages in This Submit	ssion	Attorney Docket Number	42390P9719
ENCL	OSURES (che	ck all that apply)	
Fee Transmittal Form	☐ Drawing(s)	After Allowance Communication to Group
Fee Attached	Licensing-	related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment / Response	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final Affidavits/declaration(s)	Petition to Provisiona	Convert a I Application	Proprietary Information
Extension of Time Request	Power of A	Attorney, Revocation f Correspondence Address	
Express Abandonment Request	Terminal [(please identify below):
Information Disclosure Statement PTO/SB/08	Request fo		Return postcard Amended Abstract
Certified Copy of Priority Document(s)	L CD, Numb	er of CD(s)	
Response to Missing Parts/ Incomplete Application			RECEIVE
Basic Filing Fee Declaration/POA	Remarks		JUN 2 3 2004
Response to Missing Parts under 37 CFR 1.52 or 1.53			Technology Center 2
SIGNATU	RE OF APPLICA	ANT, ATTORNEY, OR A	AGENT
Firm Paul A. Meno	lonsa, Reg. No.	42,879	
Individual name BLAKELY,	SOKOLOFF,	TAYLOR & ZAFN	MAN LLP
Signature	Muda	Now	
Date June 14, 200			
CERT	IFICATE OF MA	ILING/TRANSMISSION	
hereby certify that this correspondence is sufficient postage as first class mail in an	s heing denosited v	vith the United States Post	al Service on the date shown below with
1450, Alexandria, VA 22313-1450. Typed or printed name \ Tamara M	l. Simpson		
	10()		Date June 14, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 06/04/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deposit Account Number Deposit Account Number Blakely, Sokoloff, Taylor & Zafman LLP			
TOT FY ZUU4 Effective 10/01/2004. Patient fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00 Examiner Name Anthony Ton Art Unit 2661 Attorney Docket No. 42390P9719 METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Check Credit card Money Other Mone Other Other			
Applicant claims small entity status. See 37 CFR 1.27. Examiner Name Anthony Ton			
Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.000 Art Unit 2661			
TOTAL AMOUNT OF PAYMENT (\$) Art Unit Attorney Docket No. 42390P9719	Anthony Ton		
METHOD OF PAYMENT (check all that apply) SEE CALCULATION (continued)			
Check Credit card Money Order Other			
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Deposit Account Number Deposit Account Number Number Deposit Account Number			
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Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP Name Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account Basic Filing FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Gode (5) Code (5) Code (5) Code (5) Per Paid Design filing fee 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. Non-English specification 1804 920 1804 920 1804 920 1804 920 1805 1805 1805 1805 1805 1805 1805 1806 1805 1806 1805 1806 1806 1805 1807 1805 1806 1806 1806 1806 1806 1807 1805 1806 1806 1806 1807 1806 1806 1807 1806 1806 1807 1806 1806 1807 1807 1806 1806 1807 1807 1806 1806 1807 1807 1806 1806 1807 1807 1806 1807 1807 1806 1806 1807 1807 1806 1806 1807 1807 1806 1806 1807 1807 1806 1807 1807 1806 1807 1807 1806 1807 1807 1806 1807 1807 1806 1807 1807 1806 1807 1807 1807 1806 1807 1807 1807 1806 1807 1807 1807 1806 1807 1807 1807 1807 1806 1807 1807 1807 1806 1807 1807 1807 1807 1806 1807 1807 1807 1807 1808 1807 1807 1808	Fee Pai		
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2 FXTRA CLAIM FFFS			
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid 1503 640 2502 240 Design issue fee 2503 320 Plant issue fee			
tal Claims 17 20* = 0 X 18.00 = \$0.00 1460 130 Petitions to the Commissioner			
dependent aims 4 4 = 0 X 86.00 = \$0.00 1807 50 1807 50 Prosessing fee under 37 CFR 1.17(q)			
altiple Dependent = 1806 180 Submission of Information Disclosure Stmt			
Large Entity Small Entity 8021 40 Recording each patent assignment per			
Fee Fee Fee Fee Description Code (C) C			
1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))			
1201 86 2201 43 Independent claims in excess of 3 1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))			
1203 290 2203 145 Multiple Dependent claim, if not paid			
1204 86 2204 43 **Reissue independent claims over original patent 1802 900 1802 900 Request for expedited examination (RCL)			
1205 18 2205 9 **Reissue claims in excess of 20 and over			
Other fee (specify) non fee.amendment SUBTOTAL (2) (\$) 0.00	0.0		
*Reduced by Basic Fling Fee Paid SUBTOTAL (3) *Reduced by Basic Fling Fee Paid SUBTOTAL (3) (S)	0.0		
SUBMITTED BY Complete (if applicable)	9)		
Name (Print/Type) Paul A. Mendonsa Registration No. (Attorney/Agent) 42,879 Telephone (503) 684-6			
Signature Date 06/14/0			